



The NEW 'After-School' program . . . a safe & fun place where children with special needs can grow, develop and learn to make new friends.

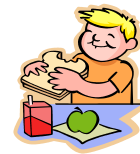
Bear Creek Services in collaboration with The Rochester Parks & Recreation Department (the Adaptive Recreation Division) are pleased to announce a new partnership in programming for youth with special needs.

This program opportunity offers a safe & stimulating afterschool environment for children with a variety of special needs including Autism, Down Syndrome, PDD/NOS, Cognitive Challenges, Physical Challenges, etc., Youth will benefit from activities involving fine & gross motor skills, individual & group work, music, dramatic play and sensory stimulation with an emphasis on socialization and communication.

Our program includes transportation **ONE WAY** (from a Rochester Public/Private school to Bear Creek Services, Inc.) and provides experienced, well-trained staff to assist & supervise children in a variety of stimulating activities designed to encourage growth in communication, socialization, and physical ability. An afterschool snack will be served daily!

WHO: Youth ages 4-18 with a Developmental Disability.

DATES: **Spring Session ~ M-W-F April 5-June 11**
*Youth ages 4-10 3:30-6:00 p.m.
*Youth ages 12-18 2:30-6:00 p.m.



WHERE: **Bear Creek Services, 3108 Hwy 52 N. Rochester, MN 55901.**

COST: \$750.00/child (includes staff to client ratio of 1-4)
\$250.00/child (providing their own one:one staffing).

PROGRAM SERVICES

- *Experienced and well-trained staff will supervise and facilitate all activities.
- *Transportation provided from schools in the Rochester School District to our program site.
- *PECs and Sign Language used.
- *Stimulating activities offered daily.
- *Brand new Playground with accessibility.
- *Comfortable and open activity area and classrooms.
- *Stimulating and engaging toys.
- *Individual & group time activities.
- *Home work & snack time daily.



TIDBITS

- *If your child requires one: one staffing, you must provide one during the program (reduced rate offered).
- *Limited space: Minimum of 8 youth needed, maximum of 12 spots available.
- *If sick or unable to attend, please notify us by leaving a message on the Afterschool Program Cell Phone (507) 226-2787.

REGISTRATION

Registration is on a first come/first serve basis and will be taken until Friday, March 19. Checks may be made payable to the Parks & Recreation Department and mailed along with the attached forms to 201 4th Street SE, Rochester, MN 55904, attention Karen Meyer.

THE “AFTERSCHOOL PROGRAM”



1. Program Overview

This therapeutic program will offer a stimulating environment for children with special needs to learn, use, and maintain social, physical, and cognitive skills through an assortment of crafts, games, social play, and large motor play; a quiet time and after school snack will be offered daily.

Cost of the program includes transportation to Bear Creek Services (BCS), **from a designated site within the Rochester Area**. Transportation **home** will be up to families. Pick up is scheduled for 6:00 p.m.

Supervision & assistance is based on a 1:4 (staff to child) ratio and will be provided by experienced and well-trained staff.

2. Days / times offered

The program will be offered in 3 different sessions coinciding with the Rochester School District semester system. There will be a fall, winter, and spring session. We are currently offering the winter session (**January 11-March 19, 2010**). **Spring registration will be available in February/March and will cover the dates of April 5-June 11, 2010.**

The program will be held Mondays, Wednesdays and Fridays from 2:30 – 6:00 pm. We realize that not all children will be able to come at 2:30 p.m. due to varying school schedules, thus we offer those children the 3:30-6:00 p.m. option. If you would like to have your child released from school earlier than 3:30 p.m., we would be able to make arrangements to pick them up sooner.

3. Facility

The program will be hosted in the center space at Bear Creek Services, located at 3108 Hwy 52 N. Rochester, MN 55901. The BCS site allows for multiple spaces for a variety of activity settings and offerings.

4. Financials

Families pay for a 10- week session (30 days); checks can be made payable to the Parks & Recreation Department, or if another agency/party is paying the tuition, you can include that information on the form below and we will bill them for you. All payment must be received BEFORE participation is allowed.

Program Cost:

*Youth needing a 1:4 staff to client ratio cost is \$750.00 (i.e. \$25 per day, 3 days per week, for 10 weeks).

*Youth needing one: one staffing (you must provide your own) a reduced rate is available at \$250.00 (i.e. \$8.34 per day, 3 days per week, for 10 weeks).



5. Non-school/Adjusted school days:

Friday, May 14 – Early Release from school. Program is open and will run at the usual times.

Monday, May 31 – Memorial Day – **NO PROGRAM**

Friday, June 11 – Last Day of School – Program is open and will run at the usual times.

6. Absences due to illness/Appointments/Etc.:

Prior notification to program staff is required if your child will not be attending the program for any reason. **Notifications/Cancellations MUST be made as soon as possible on and prior to transportation going out on** the day of programming and can be made to Karen Meyer at (507) 328-2539.

7. Late Pick Ups:

There will be a \$7.00 late fee per child charged for late pick up **AFTER 6:00 p.m.** The fee will increase an additional \$7.00 every 15 minutes and must be paid before your child can attend the next program day. Participation will resume once the balance is paid to the Parks & Recreation Department at 201 4th Street SE #150, Rochester, MN 55904.

8. Registration Packet:

Please complete and return the following forms:

- ☐ Registration Form
- ☐ Participant Profile
- ☐ Release/Waiver Form
- ☐ Payment



Send Payment & Forms to:
The Parks & Recreation Department
Adaptive Recreation Division
201 4th Street SE #150
Rochester, MN 55904

9. Questions? **Call Karen Meyer, Director of Adaptive Recreation at (507) 328-2539.**



Registration ends Friday, March 19 – and is on a First come/First serve basis. Openings may fill prior to this date!



The Afterschool Program Registration Form

Please complete and return along with payment
To the Parks & Recreation Department
201 4th Street SE #150
Rochester, MN 55904
by Friday, December 18.

Child's Name: _____

Parent's Name: _____

Home Phone: _____

() _____

Emergency Phone: _____

() _____

Home Address: _____ :

(Street, City, State, ZIP)

DOB: ____ / ____ / ____

Age: _____

Diagnosis: _____

1. Does your child require one: one supervision/assistance? ____ Yes ____ No

If yes, who will be attending the program with him/her:

_____.

(Name/Agency/Service Provider)

2. Are you requesting transportation from your child's school/other location (Rochester only) to Bear Creek Services? ____ Yes ____ No.

Who will be transporting him/her? _____.

(Name/Phone #/Relationship to child)

If yes, where will your child need to be picked up from:

Name & Address of location: _____

What door/side of building: _____

List the person(s) responsible to meet us with your child:

(Name/Title/Contact #)

Does your child use a booster and/or safety car seat while transporting? ____ Yes ____ No

Please complete and return the attached forms along with this form
and payment to the address above.

Afterschool Program Waiver/Release

RELEASE

The City of Rochester and Bear Creek Services Inc., their officers and employees hereby agree to allow _____ to participate in the Afterschool Program collaborative with Bear Creek Services, Inc. and the Parks & Recreation Department during the dates of January 11-March 19, 2010 and agree to provide transportation in Bear Creek Services, Inc. vehicles driven by Bear Creek Services Inc. staff, from a specified school or other specified location within Rochester, to the program site of Bear Creek Services, Inc.

In order to participate in this activity, I agree on behalf of the participant named above to hold the City of Rochester and Bear Creek Services, Inc. their employees and agents harmless and waive any right to make claims or lawsuits against the City or anyone working on behalf of the City, or Bear Creek Services Inc. or anyone working for Bear Creek Services, Inc. for any injuries or damages related to the alleged negligence of the City and/or Bear Creek Services, Inc. This waiver does not apply to any injuries or damages that are the result of any willful, wanton or intentional misconduct. Participation in this activity is voluntary and I understand the effect of this waiver on my legal rights and those of the participant named above.

Signed

Dated

And

I give permission for my child to be transported from said location
_____ by Bear Creek Services Inc. staff,
to the Afterschool Program site at Bear Creek Services, Inc.

☐ Yes ☐ No

My child will NOT be taking transportation by Bear Creek Services Inc., but will be transported to the Afterschool Program site at Bear Creek Services by:

- ☐ Mother (please list name & phone number): _____
- ☐ Father (list name & phone number): _____
- ☐ Other family member (list name and phone number): _____
- ☐ Staff (list agency, staff name, and phone number): _____
- ☐ Volunteer Driver (list agency, volunteer name, and phone number): _____

And

My permission

- ☐ Is given
- ☐ Is NOT given

for my child's picture to be taken and image used in the media and/or for purposes associated with the Afterschool Program.

MEDICATION

Sunscreen is considered "medication" and we must have written permission to administer it AND any other medications to your child while they are with us at the program.

- ☐ I give permission for Park & Recreation Staff to administer sunscreen to my child.

- ☐ I do not give permission for Park & Recreation Staff to administer sunscreen to my child

- ☐ My child _____ will need to have the following medications dispensed to him/her by the Park & Recreation Department staff during the Adaptive Recreation Day Camp Program:

Name of Medication	Amount to be Given	Time to be Given

Please note: if there are any changes or adjustments to your child's medication or the way it is administered, you must make written updates on a new form.

Signed

_____/_____/_____
Dated